

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CIVIL ACTION NO. 03-12551-NG

FRANK SACO
Plaintiff,

VS.

TUG TUCANA and
TUG TUCANA CORPORATION
Defendants.

RECEIVED

MAR 17 2004

CLINTON & MUZYKA, P.C.

**INTERROGATORIES PROPOUNDED BY THE DEFENDANT, TUG TUCANA
CORPORATION TO BE ANSWERED BY THE PLAINTIFF**

1.Q. Please state your name, social security number, present address, date of birth, and your employer, occupation, and business address.

1A. Frank L Saco, 12 Summer Street, Apt. A, Manchester, MA 01944, my date of birth is June 17, 1940, Social Security No. 023-28-4753. Disabled.

2.Q. Please state the exact hour and date your injury occurred and describe the exact location where your injury occurred by giving the distance and direction to at least three (3) fixed objects in the same area.

2.A. On April 13, 2003, at about 11:30 p.m. on the starboard side of the Tug TUCANA, just aft of the house.

3.Q. If you claim that the weather played any part in the happening of your alleged injury, please describe the weather conditions at the time of your injury and for the hour prior to your injury, including but not limited to wind speed and direction, sea state and direction and precipitation.

3.A. I do not so claim.

4.Q. If you claim that the defendant's vessel was defective, please describe the specific defects of the parts of the vessel and/or its equipment concerned and the manner in which these alleged conditions caused your injury.

4.A. (1) Although there were two (2) on the housing facing aft towards the stern, there was no illumination in the area where I was hurt.

(2) There was a fishing pole which was left on deck and which had its hook caught in

the hawser I was working with and which created a terrible hazardous area.

(3) There was a steel housing on top of cable intermittently along the starboard side which was a hazard in that you could not see it since there was no illumination in that area.

(4) The deck area in which I was working was hazardous in that there was oil and grease creating a slippery surface.

5.Q. If you claim that any of the defendant's personnel and/or agents and/or fellow employee(s) failed to exercise reasonable care, please describe the name, title or other identification of the personnel concerned and the act or omission of the above described personnel which caused your injury.

5.A. Those persons in charge of the proper maintenance of the vessel as well as those persons in charge of providing adequate illumination.

6.Q. If you claim that your injury was caused by an unseaworthy condition of the ship or its equipment, please describe the unseaworthy condition, state when you first noticed this condition and how long it existed prior to your injury.

6.A. See answer to Interrogatory No. 4.

7.Q. Please describe in complete detail precisely how your accident occurred, describing the particular tasks or actions you were performing at the time of your injuries and whether you were action pursuant to any orders.

7.A. I was ordered to take the hawser from the starboard side H-bit and carry it towards the stern where I would throw it overboard so that it would not get entwined in the screw. I was acting under orders of the captain. When I took the hawser off the H bit and started to move it aft to throw it overboard, it fetched up because a fishing pole hook had been caught in the hawser. I was going to get a knife to release the fishing hook and pole from the hawser when as I turned my foot skidded and went underneath the metal cover on top of the cable causing my injury to my right foot.

8.Q. If you were acting pursuant to orders of a superior at the time of the incident, please state the name of the person providing the order and describe precisely the order given to you at the time.

8.A. I was under orders of the captain to do this job.

9. Q. Please describe all injuries, symptoms, ailments, and pains whether physical, mental or emotional which were caused or aggravated by the incident.

9.A. Lisfranc fracture dislocation, right mid-foot.

10. Q. As to each medical practitioner who has examined or treated you for any of the injuries, symptoms, ailments, or pains described in your previous answer, please state the name, address and specialty of each medical practitioner, the date of each examination or treatment, the

physical, mental or emotional condition for which each examination or treatment was performed and the cost of such examination and to whom the bill was submitted.

10.A. Medical records have been submitted but as a review the first hospital that I was seen at was Beverly Hospital where I was x-rayed and admitted. The following day, April 14, 2003, I was operated on by Dr. Wood in which screws were inserted and the foot was casted. Thereafter I continued treatment with Dr. Wood and on July 15, 2003 I had further surgery at Beverly Hospital for the removal of the screws. On August 7, 2003 Dr. Wood removed the stitches and I started rehabilitation with Beverly Sports Medicine on an ongoing basis. On August 16, 2003 I was operated on by Dr. Robert M. Wood at the Beverly Hospital for removal of the hardware and the diagnosis was status post open reduction and internal fixation right mid-foot. Thereafter I continued rehabilitation at Beverly Sports Medicine. On January 21, 2004 I had surgery to fuse the bones to help to alleviate the terrible pain I was experiencing as a result of arthritis.

11. Q. If you have been treated please at a hospital since the incident, please state the name and address of each hospital in which you were treated and the dates of each treatment.

11. A. See answer to Interrogatory No. 10.

12. Q. If since the incident you have suffered any physical, mental or emotional injuries or any maladies, ailments, diseases or any conditions, please state the date of each examination or treatment, the condition for which each examination or treatment was performed and the cost of such examination and to whom the bill was submitted.

12.A. I have had serious and painful problems with this foot which interfered with my walking, sitting, standing and I have had inability of motion and, indeed, almost constant pain. As a result, I have had trouble with my ordinary lifestyle including any physical sexual activity. In addition due to my inability to earn money, my food supply and quality has been necessarily changed as a result of which I have stomach disorder and anxiety. I have been required to take medication for stomach disorder all causally related to the effects of this injury.

13.Q. If you are still under the care of any provider, including those providers identified in Answers to Interrogatories Number 9, 10, and 11 above, please state the name and address of each practitioner and the nature of each condition for which care is being rendered.

13.A. I am still under the care of Dr. Wood and I will be going to therapy on March 19, 2004.

14.Q. Please state the name and address of each medical provider who examined or treated you for any mental or physical condition during the ten (10) year period immediately before the date of the incident and describe the conditions or complaints for which the examination or treatment was performed and the date of each examination or treatment performed.

14.A. I have been cared for by Dr. Stephen Barrett for the years prior to this injury.

15.Q. If you claim disability/disfigurement or other residual condition from the incident please describe the nature, extent and duration of the disability, disfigurement or other residual

condition caused by your injury.

15.A. I still totally disabled as a result of this injury.

16.Q. If you claim you will sustain any monetary loss or any other expenses or damages as a result of the permanent injuries or disability described in the previous answer, please state the reason why the loss will be incurred, the amount of the loss and the method by which you arrived at the amount of the loss. Include in your answer any time lost from gainful employment; itemize the amount of time lost, and the monetary compensation loss you suffered.

16.A. I have not been able to return to any kind of employment.

17.Q. List each job or position of employment including self-employment held by you for the five years before the incident; the year in which the incident occurred and each subsequent year to the present, stating the name and address of your employer and the date of commencement, date of termination of employment and earnings for each year employed.

17.A. I have been a self employed lobsterman for that period of time.

18.Q. If you claim that your earning capacity will be impaired *in* the future as a result of your injury, please state the nature of the condition that will cause the impairment and the manner in which the condition will impair your ability to work.

18.A. I have not been able to return to work as a fisherman.

19.Q. Please identify by name and present or last known address those persons whom you believe were witnesses to the incident, or the condition which you allege caused your injury, including those persons who were present at the place where the incident occurred either shortly before or shortly after the incident and specify which will be called to testify at trial.

19.A. The captain and another member of the crew were aboard the vessel at the time.

20.Q. Regarding each expert witness whom you expect to testify at trial, please state the full name and address of all such expert witnesses, the subject matter on which each such expert may be expected to testify, the substance of all facts to which any such expert is expected to testify, the contents of all opinions to which each expert is expected to testify and a summary of the grounds for each opinion to which each such expert is expected to testify.

20.A. I have not yet decided on an expert witness.

21.Q. If since the incident you have suffered any injuries or have been involved in any incident where you suffered injuries, please state the date, time and place of the incident; the manner in which the incident happened and; the names and addresses of all other persons involved in the incident.

21.A. None.

22.Q. If you have ever asserted a claim for damages or for compensation of personal injuries, please state the date of injury, the nature of the injury, the amount of damages or compensation received and the names and addresses of each person or organization against whom a claim was made or from whom payments were received.

22.A. N/A

23.Q. Please state each and every fact in detail upon which you base your allegations as contained in the complaint that you are entitled to payment of maintenance and cure, including but not limited to, the nature of the injury, or illness, the duration of maintenance paid and outstanding; and further state each and every fact in detail upon which you base your allegations as contained in the complaint that the defendant willfully refused and/or failed to pay maintenance and cure.

23.A. I am a Jones Act Seaman and I sustained an injury while in the service of the vessel, therefore I am entitled to maintenance and cure. There is no contract that binds me as to the amount and the \$15.00 per day that has been paid is totally unreasonable to cover the costs incurred by me and to which I am entitled to be compensated.

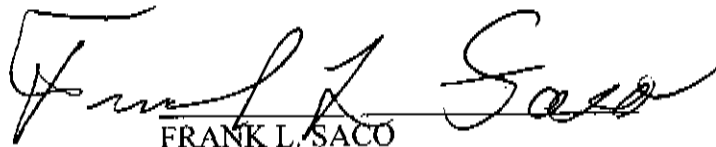
24.Q. State whether you or anyone acting on your behalf is in possession of any statement by the defendant or by any employee or representative of defendant regarding the accident or the circumstances surrounding the same, when each statement was made, whether oral or written, and if written, whether signed or unsigned, identify the person by name and address who gave each statement and the name and address of each person who took each statement as well as the name and address of each person who is in possession, custody or control of each written statement.

24.A. None.

25. If you have ever been convicted of or pleaded guilty to a crime, or been formerly charged with the commission of a crime, state with relation to each such conviction, plea of guilty or charge the name and address of the court, the name and address of the prosecuting attorney, the nature of the crime, the name and address of your attorney, the sentence received, the name and location of prison or jail where the sentence was served, and the beginning and termination dates of time served under prison or jail sentence.

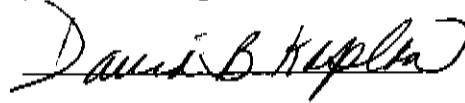
25.A. None.

Signed under the penalties of perjury this 16th day of March, 2004.


FRANK L. SACO

CERTIFICATE OF SERVICE

I, David B. Kaplan, attorney for plaintiff, hereby certify that on March 16, 2004, I served a copy of the within Plaintiff's Answers to Interrogatories, by mail, postage prepaid on Thomas J. Muzyka, Esquire, Clinton & Muzyka, P.C., One Washington Mall, Boston, Ma 02108.

A handwritten signature in black ink, reading "David B. Kaplan". The signature is written in a cursive style with a large, stylized "D" and "K".